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DATE	Tuesday, October 11, 2005 1:11:16 PM

PAGES INCLUDING COVER SHEET	03
USER NUMBER	013341
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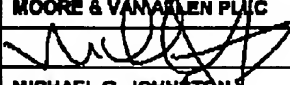
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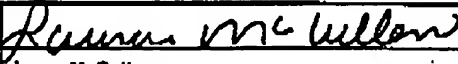
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/085,286
	Filing Date	September 30, 2002
	First Named Inventor	Andrew Kaplan
	Art Unit	3731
	Examiner Name	WOO, JULIAN W
	Attorney Docket Number	013341-000014
Total Number of Pages in This Submission		2

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit(s)/Declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Documents  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input checked="" type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MOORE & VAN ALLEN PLLC	
Signature		
Printed Name	MICHAEL G. JOHNSTON	
Date	10-10-05	Reg. No. 38,194

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
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Typed or printed name	Laura McCullen	Date 10-11-05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1450.

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Attorney Docket: 013341-000014

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Andrew Kaplan et al.

Application Number: 10/065,256

Confirmation No. 5660

Filed: September 30, 2002

For: Suture Method

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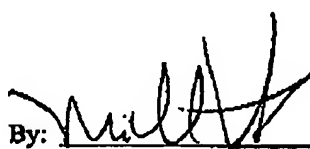
PETITION FOR REFUND

Upon review of our deposit account no. 13-4365, a \$200.00 fee (fee code 1201) and a \$950.00 fee (fee code 1202) were charged for the above-referenced application on September 12, 2005 in error. When the application was originally filed, we paid for 59 claims and 18 independent claims. After filing the amendment we have a total of 30 claims and 3 independent claims. Therefore, Applicant herein requests a refund to Moore & Van Allen's deposit account no. 13-4365 in the amount of \$1,150.00.

Respectfully submitted,

Date: October 11, 2005

<p><b>FACSIMILE TRANSMISSION CERTIFICATE</b></p> <p>I hereby certify that this correspondence is being filed in the U.S. Patent &amp; Trademark Office, Refund Department, PO Box 1450, Alexandria, VA 22313-1450 on October 11, 2005, to facsimile number (571-273-8300)</p> <p>No. of Pages <u>2</u></p> <p><u>Laura McCullen</u> Laura McCullen</p>
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